

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90104 019 ***150.00

DOCUMENT # V25639

1. Entity Name

~~D.J.E. ENTERPRISES, INC.~~

Principal Place of Business

Mailing Address

6405 W. 27 LANE
 BLDG. 15 # 107
 HIALEAH GARDENS FL 33016

6405 W. 27 LANE
 BLDG. 15 # 107
 HIALEAH GARDENS FL 33016-4323

911206



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4. FEI Number **65-0329458**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

City & State

City & State

7. Name and Address of New Registered Agent

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

GAMAYO, DAGMARA
6405 W. 27 LANE
BLDG. 15 # 107
HIALEAH GARDENS FL 33016

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** Delete
 NAME **GAMAYO, DAGMARA**
 STREET ADDRESS **6405 W. 27 LANE BDLG. 15**
 CITY-ST-ZIP **HIALEAH GARDENS FL**

TITLE **D** Delete
 NAME **BRAVO, YAQUELINE**
 STREET ADDRESS **6405 W. 27 LANE BDLG. 15**
 CITY-ST-ZIP **HIALEAH GARDENS FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1-18-01 **305-822-8555**
 Date Daytime Phone #